

In the Merged Proceedings for Application for Reissue (10/668,094) and Reexamination Proceedings (90/006,197)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

Application Number	10/668,094 - Reissue
Filing Date	09/22/2003
First Named Inventor	Zvi ORBACH
Art Unit	3627
Examiner Name	Andrew J. FISCHER
Attorney Docket Number	154682-0004

ENCLOSURES (Check all that apply)

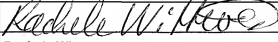
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Supplemental Response, 10 pgs.	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request See Remarks	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	This is a 37 CFR 1.136(a) Request to extend the period for filing a reply in the present application. On 9/6/06, Applicant paid \$225 for two months extension. Please charge \$285, which is the difference between the 2 month and 3 month extension fee, to Deposit Account No. 09-0946. Charge underpayment, or credit overpayment to Deposit Account No. 09-0946.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Irell & Manella LLP - Customer No. 29000		
Signature	/Norman E. Brunell - Reg. No. 26,533/		
Printed name	Norman E. Brunell - Reg. No. 26,533		
Date	October 3, 2006	Reg. No.	26,533

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Rachele Wittwer	Date	October 3, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 an gathering, preparing, and submitting the completed application form to the USPTO. Time amount of time you require to complete this form and/or suggestions for reducing this burc Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2231; ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, V

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